Parent
Follow-Up & Exit

Service Provider: To be administered nine months into the program, or when **parent** exits. This form includes parent-specific questions.

Parent Name: ______________________________ **Persimmony ID:** ________ **DOB:** ______________

Parent Follow-Up Questions: (enter an "X" in the appropriate box)

In a typical week, how often do you:	Every Day	1-2 Times a Week	3-6 Times a Week	Few Times a Month	Never	Declined/ Not Sure
1. Read to your child(ren)?						
2. Actively talk/engage with your child(ren). (Ex: Describe what is happening, talk with them about new experiences they are encountering)?						
3. Practice counting and rhyming games together?						
4. Play active games (jumping, skipping, dancing)?						
5. Practice self-help skills (potty training, getting dressed, putting on shoes)?						
6. Practice routine of getting ready for school?						
7. Practice Kindergarten skills, like cutting with scissors, coloring, or using a crayon or pencil?						

This Program:	Strongly Agree	Agree	Disagree	Strongly Disagree	Declined/ Not Sure
8. Connected me with helpful services.					
9. Provided me with materials I can use.					
10. Respected me and my family traditions.					
11. Helped me and my child(ren) during each visit.					
12. Taught me things I can use everyday with my child and now I feel ready to support my child(ren)'s needs.					
13. Helped me and my family get the services we needed.					
14. Promoted my child's learning.					
15. Helped develop my parenting skills.					
16. Prepared my child for Kindergarten.					
17. Helped my child(ren) learn to write.					
18. Helped my child(ren) learn/enjoy reading.					
19. Helped my child(ren) talk with others, share experiences.					
20. Helped my child(ren) play with other children without yelling or fighting.					

***Note:** *Service Provider to enter parent follow-up information into Persimmony within one month of completion of this form.*

Child
Follow-Up & Exit

Service Provider: To be administered nine months into the program, or when **child** exits. This form includes child-specific questions.

Child Follow-Up Questions: (circle "Yes" or "No")

Child 1 Name: ________________________________ **Persimmony ID:** ________ **DOB:** _______________

1.	Does this child have health insurance?	Yes	No
2.	Does this child have dental insurance	Yes	No
3.	Does this child have a regular medical doctor?	Yes	No
4.	Does this child have all necessary immunizations?	Yes	No
5.	Does this child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?	Yes	No
6.	Has this child seen a doctor since starting the program?	Yes	No

Child 2 Name: ________________________________ **Persimmony ID:** ________ **DOB:** _______________

1.	Does this child have health insurance?	Yes	No
2.	Does this child have dental insurance	Yes	No
3.	Does this child have a regular medical doctor?	Yes	No
4.	Does this child have all necessary immunizations?	Yes	No
5.	Does this child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?	Yes	No
6.	Has this child seen a doctor since starting the program?	Yes	No

Child 3 Name: ________________________________ **Persimmony ID:** ________ **DOB:** _______________

1.	Does this child have health insurance?	Yes	No
2.	Does this child have dental insurance	Yes	No
3.	Does this child have a regular medical doctor?	Yes	No
4.	Does this child have all necessary immunizations?	Yes	No
5.	Does this child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?	Yes	No
6.	Has this child seen a doctor since starting the program?	Yes	No

Child 4 Name: ________________________________ **Persimmony ID:** ________ **DOB:** _______________

1.	Does this child have health insurance?	Yes	No
2.	Does this child have dental insurance	Yes	No
3.	Does this child have a regular medical doctor?	Yes	No
4.	Does this child have all necessary immunizations?	Yes	No
5.	Does this child have an Individual Education Plan (IEP) or an Individual Family Service Plan (IFSP)?	Yes	No
6.	Has this child seen a doctor since starting the program?	Yes	No

Completed by: ____________________________ **Date:** ___________________

Note: Service Provider to enter <u>child follow-up information</u> into Persimmony within one month of completion of this form.